

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-018758

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 77

FILED JUN 11 1962

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>mo</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Bethany mo</u>		Length of stay in 1b <u>8 days</u>	c. CITY OR TOWN <u>Eagleville</u>
c. FULL NAME OF (If NOT in hospital, give location) <u>Reid Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS <u>(If outside, give location)</u>
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) <u>Josephine Burnett Hale</u>	4. DATE OF DEATH Month <u>6</u> - Day <u>4</u> - Year <u>62</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-24-62</u>
9. AGE (last birthday) <u>52</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>House work</u>	11. BIRTHPLACE (City and state or country) <u>Newburg New York</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>
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13a. FATHER'S NAME <u>Tennel B Edwards</u>	13b. MOTHER'S MAIDEN NAME <u>Patrhine McAllen</u>	14. NAME OF HUSBAND OR WIFE <u>James Hale</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <u>no</u>	INFORMANT <u>James Hale</u>	Address <u>Eagleville mo</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>UREMIA</u>		INTERVAL BETWEEN ONSET AND DEATH <u>14 DAYS</u>
DUE TO (b) <u>CHRONIC BILATERAL PNEUMONOPHITIS</u>		<u>10 YEARS</u>
DUE TO (c) <u>ARTERIOSCLEROTIC HEART DISEASE</u>		<u>20 YEARS</u>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>--</u>	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>-</u>
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20c. TIME OF INJURY Hour <u>6:40</u> a.m. <u>PM</u> Month, Day, Year <u>5/27/62</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>5/27/62</u>	20f. CITY, TOWN, OR LOCATION <u>6/4/62</u>	COUNTY <u>6/4/62</u>	STATE <u>6/4/62</u>
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21. I attended the deceased from <u>5/27/62</u> to <u>6/4/62</u> and last saw her alive on <u>6/4/62</u> Death occurred at <u>6:40 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Wm Country</u>	(Degree or title) <u>D.O.</u>	22b. ADDRESS <u>BETHANY, MISSOURI</u>	22c. DATE SIGNED <u>6/6/62</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>6-7-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hebb Chapel Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>3. mi. W. Eagleville mo</u>
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24. FUNERAL DIRECTOR <u>G.H. Boggs</u>	25. DATE RECD. BY LOCAL REG. <u>6-6-1962</u>	26. REGISTRAR'S SIGNATURE <u>Jella Mayes</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

1411

20410

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94200

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Robert R. Rogers

Licensed Embalmer No. 35-76

P. O. Address Ridgeway Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.